STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155477	A. BUILDING _____ B. WING _____	03/01/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANE HOUSE	1000 LANE AVE CRAWFORDSVILLE, IN47933

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 03/01/11 Facility Number: 000462 Provider Number: 155477 AIM Number: 100275380 Surveyor: Bridget Brown, Life Safety Code Specialist At this Life Safety Code survey, Lane House was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility with a basement was determined to be of Type II (111) construction and was fully sprinklered. The facility has	K0000	This Plan of Correction is submitted under Federal and State regulations and status applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility and such liability is hereby denied. The submission of this plan does not constitute agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies are cited correctly. Please accept this plan as our credible allegation of compliance. We respectfully request "paper compliance".	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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	a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity for 58 and had a census of 50 at the time of this survey. Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 03/02/11. The facility was found not in compliance with the aforementioned requirements as evidenced by:			

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K0048 SS=F	Based on observation, record review and interview; the facility failed to develop a written plan and train staff to implement the plan for staff response to resident room smoke detectors to protect 54 of 54 residents. This deficient practice could affect all occupants. Findings include: Based on observation with the maintenance director and administrator between 1:15 p.m. and 4:05 p.m. on 03/01/11, individual smoke detectors were located in all resident rooms. Based on review of the facility's Fire Procedures with the maintenance director and administrator on 03/01/11 at 1:25 p.m., there was no procedure specific to the response to a battery powered smoke detector alarm. The administrator confirmed at the time of record review, no policy for a special response to activation of battery powered smoke detectors had been prepared. 3.1-19(b)	K0048	K 048 I. CORRECTIVE ACTION A new policy has been written to address the battery operated smoke detectors located in each resident room. II. IDENTIFICATION OF OTHERS POTENTIALLY AFFECTED This was listed as potentially affecting all current resident population. III. SYSTEMIC CHANGES Inservice by the administrator and/or the Director of Maintenance will be given to staff beginning on March 14, 2011 and completing on March 17th regarding utilizing current R.A.C.E. system to respond to a sounding battery operated alarm. IV. Annual fire safety and preparedness inservices will include the policy on battery operated smoke detectors. All new hires will receive same during orientation. Battery operated smoke detectors will be inspected annually. V. SYSTEMIC COMPLETION DATE March 18, 2011 QUALITY ASSURANCE	03/19/2011

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